

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2007 OF THE CONDITION AND AFFAIRS OF THE

		Alliance Plan of N			
·	1311 , 1311	NAIC Company Code		D Number	38-2242827
`	ent Period) (Prior Period) Michigan	Chata at	Demicile or Port of Entre	NAic	chigan
Organized under the Laws of	of Michigan		Domicile or Port of Entry _	IVIIC	chigan
Country of Domicile		United S			
Licensed as business type:	Life, Accident & Health []	Property/Casualty []	Dental Service Corpora	ation []	
	Vision Service Corporation []	Other []	Health Maintenance Or	rganization [X]	
	Hospital, Medical & Dental Serv	vice or Indemnity []	Is HMO, Federally Qua	ılified? Yes [X]	No []
Incorporated/Organized	06/27/1978	Commenced E	Business	02/08/1979	
Statutory Home Office	2850 West Grand			oit, MI 48202	
	(Street and Nur	mber)	(City or Town	n, State and Zip Cod	e)
Main Administrative Office			Grand Boulevard		
D	etroit, MI 48202	(Stree	t and Number) 313-872-810		
(City or	Town, State and Zip Code)		(Area Code) (Telephone	e Number)	
Mail Address	2850 West Grand Boulevard	<u>, </u>	Detroit, M		
Primary Location of Books a	(Street and Number or P.O. Box)	O	(City or Town, State	e and zip Code)	
Filliary Location of Books a	III NECOIUS	Zi	850 West Grand Boulevard (Street and Number)		
	etroit, MI 48202		248-443-109		
(City or Internet Website Address	Town, State and Zip Code)	JAMANAY H	(Area Code) (Telephone	e Number)	
•	Dianna Banan			1/13_1003	
Statutory Statement Contact	Dianna Ronan (Name)	UFA	(Area Code) (Teleph	143-1093 none Number) (Exten	sion)
d	ronan@hap.org (E-mail Address)		248-443-861 (FAX Number)		
	(L-mail Address)		(I AX Number)	,	
		OFFICERS			
Name	Title		Name	Т	Γitle
Francine Parker	President and		rice E. McMurray , _		retary
Ronald W. Berry	,Treasurer		lleen McClorey , _	Assistan	t Secretary
	'	OTHER OFFICERS	•		
	DIRE	CTORS OR TRUS	TEES		
Nicholas C. Andersor			Mary E Bunn		Conway M.D.
Dennis H. DePaulis Jackie Martin	Mary C. Dick Francine Par		nn T. Gargaro liam L. Peirce		Joseph uigley IHM
Catherine A. Roberts			ncy Schlichting		K. Smith
Rebecca R. Smith	Susan Wel	ls Kar	ren Wezner #		
State of	.Michigan				
	SS				
County of	Wayne				
above, all of the herein described this statement, together with relation of the condition and affairs of the completed in accordance with the that state rules or regulations requested. Furthermore, the so	ty, being duly sworn, each depose an assets were the absolute property of ted exhibits, schedules and explanation e said reporting entity as of the reporting NAIC Annual Statement Instructions uire differences in reporting not related ope of this attestation by the described differences due to electronic filing) of the differences due to electronic filing.	the said reporting entity, free and ns therein contained, annexed or ng period stated above, and of its and Accounting Practices and Pro d to accounting practices and pro d officers also includes the relate	clear from any liens or claims it referred to is a full and true state income and deductions therefor coedures manual except to the ecedures, according to the best of d corresponding electronic filing	nereon, except as ement of all the as om for the period oxtent that: (1) state f their information, with the NAIC, wh	herein stated, and that sets and liabilities and ended, and have beer a law may differ; or, (2 knowledge and belief nen required, that is an
Francine P President an		Maurice E. McMurray Secretary		Ronald W. B Treasure	
		. ,	o lo this on salainal fill		
Subscribed and sworn to be	efore me this		 a. Is this an original filing b. If no, 	ng?	Yes [X] No []
day of	<u>, , , , , , , , , , , , , , , , , , , </u>		1. State the amendm	nent number	
			2. Date filed	attachad	
Roderick Irwin Curry			3. Number of pages	allacileu	
Notary August 14 2013					

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

		· · · · · · · · · · · · · · · · · · ·		J. 11. 7 1. D		
1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers:						
Federal Employees Health Benefit Plan	5,612,277	1,216,871				6,829,148
Group subscribers: Federal Employees Health Benefit Plan	2,307,947	543,538				2.851.485
City of Detroit	1,809,973	, , , , , , , , , , , , , , , , , , ,				1,809,973
0299997 Group subscriber subtotal	9,730,197	1,760,409	0	0	Λ	11,490,606
0299998 Premiums due and unpaid not individually listed	4,921,749	161,972	0			5,083,721
0299999 Total group	14,651,946	1,922,381	n	n	n	16,574,327
0399999 Premiums due and unpaid from Medicare entities	14,001,040	1,022,001	1			10,014,021
0499999 Premiums due and unpaid from Medicaid entities	†	İ	†	†	1	†
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	14,651,946	1,922,381	0	0	1	16,574,327
יספפסס אטטועפווג מווע וופמונוו premiums due and unipaid (Page 2, Line וס)	14,031,940	1,322,301	U	U	U	10,314,321

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Individually Listed Receivables: Merck. Wyeth						
Merck	327,880 219,284					327,88
Wyeth	219,284					
Takeda	195,149					195,14
0199998 – Aggregate of amounts not individually listed above.	776,557					
0199999 - Totals - Pharmaceutical rebate receivables	1,518,870					1,518,87
Henry Ford Health System Crittendon	1,244,068					1,244,06
Crittendon.	362,798					362,79
0499999 - Totals - Capitation Arrangement Receivables	1,606,865					1,606,86
0599998 – Aggregate of amounts not individually listed above.				0	0	
0599998 - Aggregate of amounts not individually listed above. 0599999 - Totals - Risk sharing Receivables				0	0	
						-
						······································
						-
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						<u> </u>
0799999 Gross health care receivables	3,125,735	ĺ		0	0	3,125,73

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ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Health Alliance Plan of Michigan

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

1 2 3 4 5 6 7 Account 1 - 30 Days 31 - 60 Days 61 - 90 Days 91 - 120 Days Over 120 Days Total		Aging Analysis of Unpaid (Claims				
	1	2	3	4	5	ŭ	7
199999 Individually listed claims unpaid. 199999 Individually listed claims unpaid. 299999 Aggregate accounts not individually listed-uncovered. 2, 394,592 3, 29, 302 3, 20, 352 3,		1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
299999 Aggregate accounts not individually listed-uncovered. 2,394,592 89,493 23 20,352 75,046 2,579,506 399999 Aggregate accounts not individually listed-covered 21,149,230 374,870 12,238 84,588 90,566 21,711,492 499999 Subtotals 23,543,822 464,363 12,261 104,940 165,612 24,290,998 599999 Unreported claims and other claim reserves 69,319,992 699999 Total amounts withheld 15,726,158	Claims Unpaid (Reported)						
299999 Aggregate accounts not individually listed-uncovered. 2,394,592 89,493 23 20,352 75,046 2,579,506 399999 Aggregate accounts not individually listed-covered 21,149,230 374,870 12,238 84,588 90,566 21,711,492 499999 Subtotals 23,543,822 464,363 12,261 104,940 165,612 24,290,998 599999 Unreported claims and other claim reserves 69,319,992 699999 Total amounts withheld 15,726,158							
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499999 Subtotals 23,543,822 464,363 12,261 104,940 165,612 24,290,998 599999 Unreported claims and other claim reserves 69,319,992 15,726,158	10299999 Aggregate accounts not inturviously insted-outcovered	21 140 230					21 711 402
599999 Unreported claims and other claim reserves 69,319,992 699999 Total amounts withheld 15,726,158							24 200 008
699999 Total amounts withheld 15,726,158		23,343,022	404,303	12,201	104,940	103,012	
799999 Total claims unpaid 19,720,130 109,337,148							15 726 159
1007,337, 140							100 337 1/18
	0899999 Accrued medical incentive pool and bonus amounts						2 480 446

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

EXINEL OF AMOUNT	EXHIBIT O - AMOUNTO DOET INCIMIT ARENT, CODOIDIANTEO AND ATTIEIATEO										
1	2	3	4	5	6	Admi	tted				
						7	8				
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current				
Individually Listed Receivables: Alliance Health and Life Insurance CompaHAP Preferred Inc	•	•	•								
Alliance Health and Life Insurance Compa	1,135,478					1,135,478					
HAP Preferred Inc	250,083					250,083					
	,					,					
			†	†							
			·								
	-		+	†							
				+							
				I							
0199999 Individually listed receivables	1,385,561	0	0	0	0	1,385,561	0				
0299999 Receivables not individually listed	1,000,001		9			1,000,001					
	1,385,561	0	0	0	0	1,385,561	0				
0399999 Total gross amounts receivable	1,380,301	U	U	U	U	1,380,001	U				

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Alliance Health and Life Insurance Compa	Management fees and reimbursements	356,967	356,967	
HAP Preferred Inc	Health Choice Plan for HFHS	162,636	162,636	
Henry Ford Health System(HFHS)	Payroll reimbs and corp allocations	189,555	189,555	
0199999 Individually listed payables.		709,158	709,158	0
0199999 Individually listed payables		,		
0399999 Total gross payables		709,158	709,158	0

EXHIBIT 7 PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1 Direct Medical	2 Column 1	3 Total	4 Column 3	5 Column 1	6 Column 1
Payment Method	Expense Payment	as a % of Total Payments	Members Covered	as a % of Total Members	Expenses Paid to Affiliated Providers	Expenses Paid to Non-Affiliated Providers
Capitation Payments:	·	•				
1. Medical groups		61.8	3,227,675	806.3	745,286,216	161,253,745
2. Intermediaries	0	0.0		0.0		
3. All other providers	4,782,798	0.3	1,654,941	413.4	367 , 706	4,415,092
4. Total capitation payments	911,322,759	62.2	4,882,616	1,219.7	745,653,922	165,668,837
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	195, 160,011	13.3	XXX	XXX	141,951,450	53,208,561
7. Bonus/withhold arrangements - fee-for-service	141,129,519	9.6	XXX	XXX	46,476,322	94,653,197
Bonus/withhold arrangements - contractual fee payments	0		XXX	XXX		
9. Non-contingent salaries	0		XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	218, 181, 692	14.9	XXX	XXX	158,696,484	59,485,208
12. Total other payments	554,471,222	37.8	XXX	XXX	347, 124, 256	207,346,966
13. Total (Line 4 plus Line 12)	1,465,793,981	100 %	XXX	XXX	1,092,778,178	373,015,803

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	1	5	6
'	-	3	Average	3	
			Average Monthly		Intermediary's Authorized Control Level RBC
			Monthly	Intermediary's	Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Intermediary's Total Adjusted Capital	Control Level RBC
	NONE				
9999999 Totals			VVV	VVV	VVV
9999999 i otals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	7,822,698		6,372,634	1,450,063	1,450,063	
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	7,822,698	0	6,372,634	1,450,063	1,450,063	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a) of Michigan 2. Health Plan Division

REPORT FOR: 1. CORPORATION Health Alliance Plan of Michigan

						Z. Hourt lan Bivio		(LOCATION)		
AIC Group Code 1311 BUSINESS IN THE STATE (OF Michigan			DURING THE YEAR 2	007		ı	NAI	C Company Code	95844
	1	Compre (Hospital 8		4	5	6	7	8	9	10
		2	3	Medicare	Vision	Dental	Federal Employees Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	430,864	4,469	359 , 146	20,203			26,332	20,714		
2 First Quarter	410 , 185	4,257	360 , 494				23,484	21,950		
3 Second Quarter	409,930	4,091	360,367				23,466	22,006		
4. Third Quarter	403,432	3,992	353,969				23,421	22,050		
5. Current Year	400,317	3,831	351,258				23,290	21,938		
6 Current Year Member Months	4,882,616	49,341	4,289,520				281,448	262,307		
Total Member Ambulatory Encounters for Year:										
7. Physician	1,501,065									1,501,06
8. Non-Physician	756,585									756,58
9. Total	2,257,650	0	0	0	0	0	0	0	0	2,257,65
10. Hospital Patient Days Incurred	170,114		129,420					40,318		37
11. Number of Inpatient Admissions	36,320		29,005					7,203		11
12. Health Premiums Written (b)	1,614,533,527	15,299,272	1,258,807,794				88,675,431	251,751,030		
13. Life Premiums Direct	0	0	0				0	0		
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,611,524,843	15, 196, 307	1,255,075,029				89 , 502 , 477	251,751,030		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,465,793,981	13,790,073	1, 138, 933, 017				88 , 855 , 188	224 , 215 , 703 .		
18. Amount Incurred for Provision of Health Care Services	1,477,548,298	13,901,748	1,148,156,397				89,386,124	226,104,029		

(a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 251,751,030



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a) 2. Health Plan Division

REPORT FOR: 1. CORPORATION

					<u></u>			(LOCATION)		
AIC Group Code 1311 BUSINESS IN THE STATE OF	Consolidated			DURING THE YEAR	2007			NA	IC Company Code	95844
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	430 , 864	4,469	359 , 146	20,203	0	0	26,332	20,714	0	
2 First Quarter	410 , 185	4,257	360,494	0	0	0	23,484	21,950	0	
3 Second Quarter	409,930	4,091	360,367	0	0	0	23,466	22,006	0	
4. Third Quarter	403 , 432	3,992	353,969	0	0	0	23 , 421	22,050	0	
5. Current Year	400,317	3,831	351,258	0	0	0	23,290	21,938	0	
6 Current Year Member Months	4,882,616	49,341	4,289,520	0	0	0	281,448	262,307	0	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,501,065	0	0	0	0	0	0	0	0	1,501,06
8. Non-Physician	756,585	0	0	0	0	0	0	0	0	756,58
9. Total	2,257,650	0	0	0	0	0	0	0	0	2,257,65
10. Hospital Patient Days Incurred	170,114	0	129,420	0	0	0	0	40,318	0	37
11. Number of Inpatient Admissions	36,320	0	29,005	0	0	0	0	7,203	0	11
12. Health Premiums Written (b)	1 , 614 , 533 , 527	15,299,272	1 , 258 , 807 , 794	0	0	0		251,751,030	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	1,611,524,843	15, 196, 307	1,255,075,029	0	0	0		251,751,030	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	1,465,793,981	13,790,073	1 , 138 , 933 , 017	0	0	0	88 , 855 , 188	224,215,703	0	
18. Amount Incurred for Provision of Health Care Services	1,477,548,298	13,901,748	1,148,156,397	0	0	0	89,386,124	226,104,029	0	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____ 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 251,751,030

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1.	Book/adjusted carrying value, December 31, prior year	2,795,374
	Increase (decrease) by adjustment:	
	2.1 Totals, Part 1, Column 11	(729, 433)
	2.1 Totals, Part 1, Column 11 2.2 Totals, Part 3, Column 8	0
	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	
4.	Cost of additions and permanent improvements:	
	4.1 Totals, Part 1, Column 14	578,323
	4.2 Totals, Part 3, Column 10	
5.	4.2 Totals, Part 3, Column 10	
	Increase (decrease) by foreign exchange adjustment:	
	6.1 Totals, Part 1, Column 12	0
	6.2 Totals, Part 3, Column 9	0
7.	Amounts received on sales, Part 3, Column 12 and Part 1, Column 13	0
8.	Book/adjusted carrying value at end of current period	2,644,264
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	2,644,264
11.	Total nonadmitted amounts	1,789,889
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	854,375

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1.	Book value/recorded investment excluding accrued interes in more lagerated by the control of the
2.	Amount loaned during year:
	2.1 Actual cost at time of acquisitions
	2.2 Additional investment made after acquisitions
3.	Accrual of discount and mortgage interest points and commitment fees
4.	Increase (decrease) by adjustment
	Total profit (loss) on sale
6.	Amounts paid on account or in full during the year
7.	Amortization of premium
8.	Increase (decrease) by foreign exchange adjustment
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period
10.	Total valuation allowance
11.	Subtotal (Lines 9 plus 10)
12.	Total nonadmitted amounts
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column).

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Long-Term Invested Assets

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	63,056,652
2.	Cost of acquisitions during year:	
	2.1 Actual cost at time of acquisitions	673,017
	2.2 Additional investment made after acquisitions	673,017
3.	Accrual of discount	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	10,948
6.	Amounts paid on account or in full during the year	116 , 146
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book/adjusted carrying value of long-term invested assets at end of current period	64,591,503
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	64,591,503
12.		
13	Statement value of long-term invested assets at end of current period (Page 2.1 ine 7. Column 3)	64 591 503

SCHEDULE D - PART 1A - SECTION 1

	4		3	onus Owned Decembe	5 51, at BOOK/Aujuste	Carrying values by W	ajor Types of Issues a	and NAIC Designations	9	10	14
Quality Rating per the NAIC Designation	1 Year or Less	2 Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	5 Over 20 Years	Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments, Schedules D & I		0 100.0	10 100.0	oug 20 . ou.o	0.10. 20.100.0	Total Gallone Total	70 01 21110 1011	1 1101 1 001	1 1101 1 001	110000	(4)
1.1 Class 1	13,000,000					13,000,000	10.3	13,000,000	30.6	13,000,000	
1.2 Class 2						0	0.0	0	0.0		
1.3 Class 3						0	0.0	0	0.0		
1.4 Class 4						0	0.0	0	0.0		
1.5 Class 5						0	0.0	0	0.0		
1.6 Class 6						0	0.0	0	0.0		
1.7 Totals	13.000.000	0	0	0	0	13,000,000	10.3	13,000,000	30.6	13,000,000	(
2. All Other Governments, Schedules		· ·	· ·	· ·	Ů	10,000,000	1010	10,000,000	0010	10,000,000	
2.1 Class 1	2 a 27 ((c : c a p 2)					0	0.0	0	0.0		
2.2 Class 2						n l	0.0	0	0.0		
2.3 Class 3						0	0.0	0	0.0		
2.4 Class 4						0	0.0	0	0.0		
2.5 Class 5						0	0.0	0	0.0		
2.6 Class 6						0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
3. States, Territories and Possessions			•	· ·	Ů		0.0	v	010		Ĭ
3.1 Class 1	, o.o., o.u	 	<u> </u>			0	0.0	0	0.0		
3.2 Class 2						n l	0.0	0	0.0		
3.3 Class 3						0	0.0	0	0.0		
3.4 Class 4						0	0.0	0	0.0		
3.5 Class 5						0	0.0	0	0.0		
3.6 Class 6						0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	Λ	(
4. Political Subdivisions of States, Ter	· · · · · · · · · · · · · · · · · · ·	·	edules D & DA (Group	U	·	Ů	0.0	· ·	0.0	0	
4.1 Class 1	THORICS UNG 1 033033	Cons, Guaranteca, Gen	I	7)		0	0.0	0	0.0		
4.2 Class 2						·····································	0.0	0	0.0		
4.3 Class 3						n	0.0	0	0.0		†
4.4 Class 4						0	0.0	n	0.0		
4.5 Class 5						0	0.0	0	0.0		
4.6 Class 6						0	0.0	0	0.0		
4.7 Totals	0	0	n	0	n	0	0.0	0	0.0	Λ	(
5. Special Revenue & Special Assessi			edules D & DA (Groun		0	0	0.0	0	0.0	0	
5.1 Class 1	Obligations etc.,	Guaranteeu, Gen	Calloo B & BA (Oroup	-,		n	0.0	n	0.0		1
5.2 Class 2						1	0.0		0.0		
5.3 Class 3						n	0.0	0	0.0		
5.4 Class 4				• • • • • • • • • • • • • • • • • • • •		<u> </u>	0.0	n l	0.0		
5.5 Class 5						0	0.0	0	0.0		<u> </u>
5.6 Class 6						0	0.0	0	0.0		
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	2	1

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

		Quality and Maturi	ty Distribution of All Be	onas Ownea Decemb	er 31, at Book/Adjuste	d Carrying Values by M	lajor Types of Issues a	and NAIC Designations	3		
	1	2 7 7	3	4	5	6	7	8	9	10	11
Quality Rating per the NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
6. Public Utilities (Unaffiliated), Sche			10 rears	Through 20 Years	Over 20 Years	Total Current Year	% Of Lifte 10.7	Pilor real	Piloi feai	rraded	(a)
6.1 Class 1	T) 				0	0.0	0	0.0		
6.2 Class 2							0.0		0.0		
6.3 Class 3						U	0.0	0	0.0		
6.4 Class 4						U	0.0		0.0		
6.5 Class 5							0.0		0.0		
6.6 Class 6						U	0.0	0	0.0		
6.7 Totals		0	0	0	0	0	0.0	0	0.0	0	,
	interally Code and talent D. 8	· ·	U	0	U	U	0.0	U	0.0	U	U
7. Industrial & Miscellaneous (Unaffil						440 470 050	00.7	00 400 440	00.4	440 470 050	
7.1 Class 1	113,478,053					113,478,053	89.7	29,460,410	69.4	113,478,053	
7.2 Class 2						U	0.0	D	0.0		
7.3 Class 3						U	0.0	U	0.0		
7.4 Class 4						U	0.0		0.0		
7.5 Class 5						U	0.0	D	0.0		
7.6 Class 6						0	0.0	0	0.0	==-	
7.7 Totals	113,478,053	0	0	0	0	113,478,053	89.7	29,460,410	69.4	113,478,053	C
8. Credit Tenant Loans, Schedules D	& DA (Group 8)	•	1								
8.1 Class 1						0	0.0	0	0.0		
8.2 Class 2						0	0.0	0	0.0		
8.3 Class 3						0	0.0	0	0.0		
8.4 Class 4						0	0.0	0	0.0		
8.5 Class 5						0	0.0	0	0.0		
8.6 Class 6						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
9. Parent, Subsidiaries and Affiliates,	Schedules D & DA (G	roup 9)									
9.1 Class 1						0	0.0	0	0.0		
9.2 Class 2						0	0.0	0	0.0		
9.3 Class 3						0	0.0	0	0.0		
9.4 Class 4						0	0.0	0	0.0		
9.5 Class 5						0	0.0	0	0.0		
9.6 Class 6						0	0.0	0	0.0		
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

		Quality and Maturi	ty Distribution of All Be	onds Owned Decembe		d Carrying Values by I	Major Types of Issues	and NAIC Designation			
Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Place (a)
10. Total Bonds Current Year	i real of Less	o reals	10 feats	miough zo rears	Over 20 Years	Total Current Year	% OI LINE 10.7	Prior rear	Prior rear	rraded	(a)
	400 470 000	^	•	0	0	126.478.053	100.0	VVV	VVV	126.478.053	
10.1 Class 1	126,478,053	U	0	U	U	120,478,003		XXX	XXX XXX	120,478,003	l
10.2 Class 2		U	0	U	U	U	0.0			ļU	l
10.3 Class 3		0	0		U	U	0.0	XXX	XXX	ļ	ļ
10.4 Class 4	U	0	0		J	U	0.0	XXX	XXX	‡	ļ
10.5 Class 5	U	U	U	U	U	(c)U	0.0	XXX	XXX	‡	
10.6 Class 6	100 170 050	0	U	0	U	(b) 100 170 050	0.0	XXX	XXX	100 170 050	,
10.7 Totals	126,478,053	0	0	0	0	(b)126,478,053	100.0	XXX	XXX	126,478,053	
10.8 Line 10.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Class 1	42,460,410	0	0	0	0	XXX	XXX	42,460,410	100.0	42,460,410	(
11.2 Class 2	0	0	0	0	0	XXX	XXX	0	0.0	0	
11.3 Class 3	0	0	0	0	0	XXX	XXX	0	0.0	0	(
11.4 Class 4	0	0	0	0	0	XXX	ХХХ	0	0.0	0	
11.5 Class 5	0	0	0	0	0	XXX	ХХХ	(c)0	0.0	0	
11.6 Class 6	0	0	0	0	0	XXX	XXX	(c)0	0.0	0	(
11.7 Totals	42,460,410	0	0	0	0	XXX	XXX	^(b) 42,460,410	100.0	42,460,410	
11.8 Line 11.7 as a % of Col. 8	100.0	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Class 1	126,478,053					126,478,053	100.0	42,460,410	100.0	126,478,053	XXX
12.2 Class 2						0	0.0	0	0.0	0	XXX
12.3 Class 3						0	0.0	0	0.0	0	XXX
12.4 Class 4						0	0.0	0	0.0	0	XXX
12.5 Class 5						0	0.0	0	0.0	0	XXX
12.6 Class 6						0	0.0	0	0.0	0	XXX
12.7 Totals	126,478,053	0	0	0	0	126,478,053	100.0	42,460,410	100.0	126,478,053	XXX
12.8 Line 12.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	
12.9 Line 12.7 as a % of Line 10.7,											
Col. 6, Section 10	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds		•									
13.1 Class 1						10	0.0	0	0.0	XXX	1
13.2 Class 2						0	0.0	0	0.0	XXX	I (
13.3 Class 3						0	0.0	0	0.0	XXX	1
13.4 Class 4						0	0.0	0	0.0		1
13.5 Class 5						0	0.0	0	0.0		1
13.6 Class 6						0	0.0	0	0.0		(
13.7 Totals	0	n	n	0	n	n	0.0	0	0.0	XXX	(
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7,							/////	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/ww	////	1
Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

⁽a) Includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

SCHEDULE D - PART 1A - SECTION 2

			OLE D -								
	Maturity Distribu	tion of All Bonds C		at Book/Adjusted C			ype of Issues		•	40	- 44
	1	Over 1 Year	3 Over 5 Years	4 Over 10 Years	5	6	Col. 6 as a %	8 Total from Col 6	9 % From Col. 7	10 Total Publicly	11 Total Privately
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	of Line 10.7	Prior Year	Prior Year	Traded	Placed
1. U.S. Governments, Schedules D & DA (Group 1)		1	,								
1.1 Issuer Obligations	13,000,000			ļ		13,000,000	10.3	13,000,000	30.6	13,000,000	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
1.7 Totals	13,000,000	0	0	0	0	13,000,000	10.3	13,000,000	30.6	13,000,000	0
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Issuer Obligations						0	0.0	0	0.0		
Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES Defined						0	0.0	0	0.0		
2.4 Other				•		n	0.0	Ω	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES 2.5 Defined							0.0	0	0.0		
2.6 Other						n	0.0	 O	0.0		
2.7 Totals		Λ	^	Λ	^	0	0.0	0	0.0	Λ	Λ
	U	U	U	U	U	U	0.0	U	0.0	U	U
States, Territories, and Possessions Guaranteed, Schedules D & DA (Group 3) S.1 Issuer Obligations				-		0	0.0	0	0.0		
Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 3.3 Defined						0	0.0	0	0.0		
3.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
3.5 Defined				ļ		0	0.0	0	0.0		
3.6 Other						0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Sched	dules D & DA (Group 4)										
4.1 Issuer Obligations						0	0.0	0	0.0		
Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						0	0.0	0	0.0		
4.3 Defined						L0	0.0	Ω	0.0		
4.4 Other						0	0.0	0	0.0		
4.5 Defined						I0	0.0		0.0		
4.6 Other						0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Scher 5.1 Issuer Obligations	dules D & DA (Group 5)		I	-		0	0.0	0	0.0		
5.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 5.3 Defined						0	0.0	0			
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
5.5 Defined	ļ					ļ0	0.0	J0	0.0		
5.6 Other						0	0.0	0	0.0		
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 2 (continued)

				December 31, at Book/				sues			
	1	2 Over 1 Year Through	3 Over 5 Years	4 Over 10 Years	5	6	7 Col. 6 as a	8 Total from Col. 6	9 % From Col. 7	10 Total Publicly	11 Total Privately
Distribution by Type	1 Year or Less	5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	Placed
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)										
6.1 Issuer Obligations						0	0.0	0	0.0		
6.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
6.3 Defined						0	0.0	0	0.0		
6.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
6.5 Defined						0	0.0	0	0.0		
6.6 Other						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
7. Industrial & Miscellaneous (Unaffiliated), Schedu											
7.1 Issuer Obligations	113,478,053					113,478,053	89.7	29,460,410	69.4	113,478,053	
7.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
7.3 Defined						0	0.0	0	0.0		
7.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
7.5 Defined						0	0.0	0	0.0		
7.6 Other						0	0.0	0	0.0		
7.7 Totals	113,478,053	0	0	0	0	113,478,053	89.7	29,460,410	69.4	113,478,053	
8. Credit Tenant Loans, Schedules D & DA (Group 8	3)										
8.1 Issuer Obligations						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
9. Parents, Subsidiaries and Affiliates, Schedules D	& DA (Group 9)										
9.1 Issuer Obligations						0	0.0	0	0.0		
9.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
9.3 Defined						0	0.0	0	0.0		
9.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
9.5 Defined						0	0.0	0	0.0		
9.6 Other						0	0.0	0	0.0		
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distrik	oution of All Bond	ls Owned Decemb	er 31, at Book/Ad	justed Carrying V	alues by Major Ty	pe and Subtype of	İssues				
	1	2	3	4	5	6	7	8	9	10	11
		Over 1 Year	Over 5 Years	Over 10 Years		Total		Total From Col. 6			Total Privately
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Current Year	of Line 10.7	Prior Year	Prior Year	Traded	Placed
10. Total Bonds Current Year											1
10.1 Issuer Obligations	126,478,053	0	0	0	0	126,478,053	100.0	XXX	XXX	126,478,053	0
10.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											1
10.3 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											1
10.5 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	L
10.6 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals	126,478,053	0	0	0	0	126,478,053	100.0	XXX	XXX	126,478,053	0
10.8 Line 10.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year		_		_	_						1 .
11.1 Issuer Obligations	42,460,410	0	0	0	0	XXX	XXX	42,460,410		42,460,410	0
11.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	XXX	XXX	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						VVV					
11.3 Defined	0	0	0	0	0	XXX	XXX	L0	0.0	0	0
11.4 Other	D	0	0	0	0	XXX	XXX	L	0.0	0	LD
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES						VVV	V/V/		0.0	0	
11.5 Defined	U	0	0	0		XXX	XXX		0.0	0	D
11.6 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.7 Totals	42,460,410	0	0	0	0	XXX	XXX	42,460,410	100.0	42,460,410	0
11.8 Line 11.7 as a % of Col. 8	100.0	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	126,478,053				ļ	126,478,053	100.0	42,460,410	100.0	126,478,053	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities			ļ		ļ	0	0.0	0	0.0	0	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											,,,,,,
12.3 Defined						0	0.0	0	0.0	0	XXX
12.4 Other			+		 	U	0.0	U	0.0	U	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES						0	0.0	_	0.0	0	XXX
12.5 Defined 12.6 Other			•		•	U	0.0	0			XXX
	126.478.053	0	0	0	0	126.478.053	100.0	U	100.0	106 470 0F2	XXX
12.7 Totals 12.8 Line 12.7 as a % of Col. 6	120,478,053	0.0		0.0	0.0		XXX	42,460,410 XXX	XXX	126,478,053	XXX
	100.0	0.0	0.0	0.0	0.0	100 .0 100 .0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10 13. Total Privately Placed Bonds	100.0	0.0	0.0	0.0	0.0	100.0	۸۸۸	۸۸۸	۸۸۸	100.0	۸۸۸
						0	0.0	0	0.0	XXX	0
13.1 Issuer Obligations			†				0.0 0.0	U	0.0	XXX	U
13.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES			 		†	U	0.0	U	0.0	λλλ	U
13.3 Defined						0	0.0	0	0.0	XXX	0
13.4 Other		†	t		t	U	0.0	J	0.0	XXX	U
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES		†	t	†	t	J		IU		ΛΛΛ	t
13.5 Defined						0	0.0	0	0.0	XXX	0
13.6 Other						0	0.0	0		XXX	
13.7 Totals	0	0	Λ	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	
13.9 Line 13.7 as a % of Col. 6	0.0					0.0	XXX	XXX	XXX	XXX	0.0
10.9 LINE 13.7 as a 70 ULLINE 10.7, COL. U, SECTION 10	0.0	0.0	0.0	0.0	0.0	0.0	\/\/\	\/\/\	\\\\	\/\/\	0.

SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS

	Short-Term Investments				
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
Book/adjusted carrying value, prior year	42,460,410	42,460,410	0	0	0
Cost of short-term investments acquired	1,121,347,293	1 , 121 , 347 , 293			
Increase (decrease) by adjustment	0				
Increase (decrease) by foreign exchange adjustment	0				
Total profit (loss) on disposal of short-term investments	0				
6. Consideration received on disposal of short-term investments	1,037,329,651	1,037,329,651			
Book/adjusted carrying value, current year	126,478,053	126,478,053	0	0	0
8. Total valuation allowance	0				
9. Subtotal (Lines 7 plus 8)	126,478,053	126,478,053	0	0	0
10. Total nonadmitted amounts	0				
11. Statement value (Lines 9 minus 10)	126,478,053	126 , 478 , 053	0	0	0
12. Income collected during year	5,686,454	5,686,454			
13. Income earned during year	5,738,071	5,738,071			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY

NONE

Schedule DB - Part C - VBY NONE

Schedule DB - Part D - VBY NONE

Schedule DB - Part E - VBY

NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	Restatement of Balance Sneet to Identify Net Cl	1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	378,622,289		378,622,289
2.	Accident and health premiums due and unpaid (Line 13)	16,574,327		16,574,327
3.	Amounts recoverable from reinsurers (Line 14.1)	0		0
4.	Net credit for ceded reinsurance	XXX	0	0
5.	All other admitted assets (Balance)	. 7,342,369		7,342,369
6.	Total assets (Line 26)	402,538,985	0	402,538,985
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	109,337,148	0	109,337,148
8.	Accrued medical incentive pool and bonus payments (Line 2)	2,480,446		2,480,446
9.	Premiums received in advance (Line 8)	18,071,800		18,071,800
10.	Funds held under reinsurance treaties with authorized and unauthorized insurers (Line 17)	0		0
11.	Reinsurance in unauthorized companies (Line 18)	0		0
12.	All other liabilities (Balance)	. 33,748,992		33,748,992
13.	Total liabilities (Line 22)	163,638,385	0	163,638,385
14.	Total capital and surplus (Line 31)	238,900,600	XXX	238,900,600
15.	Total liabilities, capital and surplus (Line 32)	402,538,985	0	402,538,985
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	0		
17.	Accrued medical incentive pool	0		
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	0		
20.	Other ceded reinsurance recoverables	. 0		
21.	Total ceded reinsurance recoverables	. 0		
22.	Premiums receivable	0		
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24.	Unauthorized reinsurance	0		
25.	Other ceded reinsurance payables/offsets	. 0		
26.	Total ceded reinsurance payables/offsets	. 0		
27.	Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated by States and Territories

			ed by States and Terri		iness Only		
		1 Life	2	3 Disability Income	4 Long-Term Care	5	6
States, Etc.		(Group and Individual)	Annuities (Group and Individual)	(Group and Individual)	(Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						
2. Alaska							
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii							
13. Idaho							
14. Illinois							
15. Indiana	IN						
16. lowa	IA						
17. Kansas							
18. Kentucky		•					
19. Louisiana		•					
20. Maine							
			l		·····	l	}
21. Maryland	UM						
22. Massachusetts 23. Michigan 24. Minnesota	MA			···			
23. Michigan	MI						
				···			
25. Mississippi							
26. Missouri							
27. Montana							
28. Nebraska							
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma							
38. Oregon							
39. Pennsylvania		• • • • • • • • • • • • • • • • • • • •					
40. Rhode Island							
41. South Carolina							·····
42. South Dakota							
43. Tennessee	TN						
44. Texas	TX						
45. Utah			·		·····	·	}
46. Vermont	VT		·				
47. Virginia							
48. Washington					ļ	ļ	ļ
49. West Virginia							
50. Wisconsin							
51. Wyoming	WY						
52. American Samoa							
53. Guam	GU						
54. Puerto Rico	PR						
55. U.S. Virgin Islands							
56. Northern Mariana Islands							
57. Canada							
58. Aggregate Other Alien							
				0			

SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PARI 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES											
1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						1
					Purchases, Sales or	(Disbursements)						1
					Exchanges of	Incurred in						Reinsurance
					Loans, Securities,	Connection with		Income/		Any Other Material		Recoverable/
					Real	Guarantees or		(Disbursements)		Any Other Material Activity Not in the		(Payable) on Losses
NAIC					Estate Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of		and/or Reserve
Company	Federal ID		Shareholder	Capital	Estate, Mortgage Loans or Other	Benefit of any	Agreements and	Reinsurance		Ordinary Course of the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
	00 0540504	HAD Doctoored Loc	Dividende	Continuations	invocancino	7 (11111010(0)	1,661,825	rigicomonio		Buomicoo	1 661 825	ranors (Liability)
60134	38-2513504 38-3291563 38-2242827	HAP Preferred Inc. Alliance Health and Life Insurance CompaHealth Alliance Plan of Michigan. Henry Ford Health System CuraNet LLC					(10,244,531)					l
60134 95844	30 - 323 1303	Hoolth Alliance Dlan of Michigan	(45,000,000)				8,054,101				(36 045 800)	l
95044	38 - 1357020	Hopery Ford Hoolth System	(45,000,000) 45,000,000		•		715,365			•	/F 715 265	
	38-3497140	nerity rotu neattii system.	43,000,000		•		(186,760)				(186,760)	·····
	38-349/140	curanet rro	• • • • • • • • • • • • • • • • • • • •		•	• • • • • • • • • • • • • • • • • • • •	(180,700)			•	(180,700)	
												
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9999999	ontrol Totals		n	n	n	0	n	0	XXX	n	Λ	Λ
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

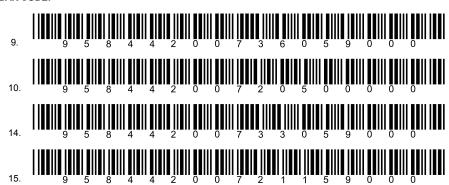
	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
/hich	bllowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code ement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory	e will be printed below. If the
	MAPCH FILING	

9.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
10.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0
11.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	SEE EXPLANATION
12.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION
13.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
	APRIL FILING	
14.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
15.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
16.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	SEE EXPLANATION

EXPLANATION:

- 9. The Company does not write Medicare Supplement Insurance
- 10. The Company does not write Life insurance business
- 11. The Company is not a Property Casualty company
- 12. The Company does not have shareholders
- 13. The Company offers Medicare Part D through a Medicare Advantage plan
- 14. The Company does not write Long-Term Care insurance
- 15. The Company does not write Life insurance business
- 16. The Company is not a Property Casualty company

BAR CODE:



OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 23.

*ASSF	ΓQ ₋	Accate	

100L10 - Assets				
		2	3	4
	1			
			Net Admitted	
		Nonadmitted	Assets	Net Admitted
	Assets	Assets	(Cols. 1 – 2)	Assets
2304. Other Receivables	130 , 134	0	130 , 134	68,344
2305. Other Assets	57,843	0	57,843	57,843
2306.	0		0	0
2397. Summary of remaining write-ins for Line 23 from Page 2	187,978	0	187,978	126, 187

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